

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						10/088647				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2	/						52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11	/						61			
12	/						62			
13	/						63			
14							64			
15							65			
16							66			
17	+ /						67			
18	+ /						68			
19	/						69			
20	/						70			
21	/						71			
22							72			
23							73			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	62	↓	↓	↓	↓		TOTAL IND.	↓	↓	
TOTAL DEP.	15	↓	↓	↓	↓		TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	77	██████████	██████████	██████████	██████████		TOTAL CLAIMS	██████████	██████████	██████████

1st Available Copy